



*\*\*This Feedback Form is provided by the Sexual Assault Victims' Rights Amendment Act Task Force as a sample of what we believe is important to include in a Feedback Form. If approved for distribution, this Form will be submitted to a readability expert to ensure accessibility for the widest population of victims and survivors.\*\**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Executive Office of the Mayor**

**Office of Victim Services and Justice Grants**

**District of Columbia Sexual Assault Response Team  
Sexual Assault Response Feedback Form**

Box 1

Thank you for taking your time to provide us feedback on our work. The Executive Office of the Mayor, the Office of Victim Services and Justice Grants, and the DC Sexual Assault Response Team (DCSART) appreciate your willingness to comment on how we served you. It is our goal and mission to provide a coordinated response to sexual assault in our community, including ensuring consistent, sensitive services to victims and survivors. If you feel that we have not provided services in this manner, please complete this form to the best of your ability.

Box 2

**How to file this Feedback Form:**

**1. In-person.** You can drop off this feedback form at the following locations:

- Office of Victim Services and Justice Grants, 441 4<sup>th</sup> Street, NW, Ste. 727N, Washington, DC
- DC Office of Asian Pacific Islander Affairs, 441 4<sup>th</sup> Street, NW, Ste. 721N, Washington, DC
- DC Office of Lesbian, Gay, Bisexual, and Transgender Affairs, 2000 14<sup>th</sup> Street, NW, 2<sup>nd</sup> Floor, Washington, DC
- DC Office of Latino Affairs, 2000 14<sup>th</sup> Street, NW, 2<sup>nd</sup> Floor, Washington, DC
- DC Office of African Affairs, 2000 14<sup>th</sup> Street, NW, Ste. 401, Washington, DC
- Metropolitan Police Department, 7<sup>th</sup> District Station, 2455 Alabama Avenue, SE,

Washington, DC

- Metropolitan Police Department, 5<sup>th</sup> District Station, 1805 Bladensburg Road, NE, Washington, DC
- Metropolitan Police Department, 1<sup>st</sup> District Station, 101 M Street, SW, Washington, DC

*Please note that if this Form is filed at an agency other than Office of Victim Services and Justice Grants, there may be a slight delay in responding to the person who has filed the form.*

2. **Mail.** You can mail this form to the Office of Victim Services and Justice Grants at 441 4<sup>th</sup> Street, NW, Ste. 727N, Washington, DC 20001.
3. **Email.** You can file this form electronically by sending this form, as an attachment, to [DCSARTFeedback@dc.gov](mailto:DCSARTFeedback@dc.gov).
4. **Online.** You can file this form online by accessing the DC SART webpage at: [www.dcsart.org](http://www.dcsart.org).
5. **Via SmartPhone application.** You can file this form by downloading the ASKDC or UASKDC SmartPhone application. Both applications are available at iTunes or Google Marketplace.

Box 3

Date of Feedback Submission: \_\_\_\_\_

Date of incident that is the subject of your feedback: \_\_\_\_\_

Date of assault that happened to you: \_\_\_\_\_

Box 5

Who or What is the Subject of Your Feedback (check all that are relevant to your experience):

Box 6

Name of person completing the form:

Box 7

Name of victim survivor:

☐ I wish to remain anonymous ☐ Please contact me before any part of this form is made public

Box 8

Your contact phone number (person completing the form):

Box 9

**Your contact email address (person completing the form):**

*Box 10*

During the course of this investigation the members of the DC SART Committee may want to contact you to get additional information about your complaint or comment. Do you want the Committee to contact you? If you choose no, there may be limitations on what the Committee will be able to do with your complaint or comment.

☐ No, please do not contact me.

☐ Yes, please contact me. My preferred method of contact is: \_\_\_\_\_

☐ No, do not contact me but please contact my advocate or attorney:

\_\_\_\_\_  
\_\_\_\_\_

☐ Check here if you want to be contacted by the DC SART before any part of this complaint is made public. If you choose this option, please provide a safe telephone number or email that the DC SART will be able to contact you \_\_\_\_\_.

☐ Check here if you wish to communicate with the DC SART in a language other than English.

☐ [Español] ☐ [tiếng Việt] ☐ [中文] ☐ [한국어] ☐ [Français] ☐ [አማርኛ]

*Box 11*

**Summary of complaint or comment (please attach additional pages if necessary):**

Box 12

**Requested action:**

**OVS/DC SART USE ONLY:**

\_\_\_\_\_ Date Form Received at OVS    \_\_\_\_\_ Date forwarded to Committee Chair    \_\_\_\_\_ Date victim contacted